



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For Office use only: Date Received: _____ Deposit Paid: _____
Approved: _____ wks/mos at _____%

YMCA OF CENTRAL NEW YORK SCHOLARSHIP APPLICATION

SCHOOL AGE CHILD CARE SUMMER CAMP

- Initial application deadlines:
 - School Age Child Care August 15th
 - Summer Camp May 15th
- Second chance deadlines for possible remaining funds:
 - School Age Child Care Ongoing until funds are depleted
 - Summer Camp Ongoing until funds are depleted
- Applications for SACC and Camp scholarships must be accompanied by a DSS Letter of Denial or income verification that your family would not qualify for DSS (see chart on next page.)
- A \$50/per child deposit must be included with all registrations.
- Please provide all required copies of your Federal Tax Return, pay stubs, benefit checks, etc., as the Member Service staff will not be available to do this for you.
- Separate copies of all papers must be submitted for each scholarship application (i.e. Membership will not forward a copy to School Age nor vice versa.)
- Children will receive a scholarship to be used towards a total of 1-2 sessions at a YMCA of Central New York summer camp.

Downtown Syracuse YMCA

Attn: Kristina Mullahy

340 Montgomery Street, Syracuse, NY 13202

Phone: (315) 474-6851 x315

Marcellus CSD ♦ Syracuse City CSD ♦ West Genesee CSD

Camp Sunny Days

The YMCA of Central New York is a not-for-profit organization committed to helping people grow in spirit, mind and body. YMCAs are here to serve people of all ages, backgrounds, abilities and incomes. The Y is community-based and

Mission Statement

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believes that its programs and services should be available to everyone. For this reason, the YMCA offers program scholarships. Scholarships are on a sliding-fee scale scholarship that is designed to fit each individual's financial situation. Our scholarship program is often utilized by families on a fixed income or experiencing financial hardships.

Families who are unable to afford our stated child care and/or summer camp fees are required to seek financial assistance through the your county's Department of Social Services (DSS) before applying for a YMCA Scholarship. The chart below outlines income levels that qualify for DSS assistance. You must provide a Letter of Denial from DSS or income verification that proves you would not qualify based on the below standards.

ANNUAL GROSS INCOME	DSS LEVEL OF ELIGIBILITY FOR FAMILY SIZE OF:								EACH ADD'L PERSON
	1	2	3	4	5	6	7	8	
	\$24,980	\$33,820	\$42,660	\$51,500	\$60,340	\$69,180	\$78,020	\$86,860	+\$8,840

The YMCA of Central New York requires that individuals provide the requested information on the attached form regarding income, family size and necessary expenses so that it can provide financial assistance in a fair and consistent manner.

Your must reapply at the start of each camp season & school year. Your fees may increase when you reapply. If you do not reapply, you will automatically be charged the full rate until the application and approval process is complete.

- To process your application, we will need the following information:
- Copy of 2019 Federal Tax Return
 - (Or) Copy of Social Security Disability or other benefits checks
 - DSS Letter of Denial

Note: If you do not have a copy of your tax return, you may obtain one by calling the Internal Revenue Service (1-800-829-1040). If you did not file taxes last year, or if you do not have the other documents required, please submit a letter explaining your personal situation.

Applications will be reviewed based on the deadlines listed on the cover. Please include a program registration with your scholarship application. Letters will be mailed to all applicants. If approved, you will have 10 days to accept and complete any incomplete registration forms. At this time, you will need to bring with you: your award notice, payment for the balance of the first session or month that your child will be attending, and photo identification.

Funds for the scholarship program are made available through the YMCA's Annual Campaign. The scholarship may not be used in conjunction with any other financial assistance program (DSS, Jobs Plus, etc.) or discount.

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YMCA of Central New York Scholarship Application

Applications will be processed only after all information is submitted and the application is filled out completely.

Are you currently YMCA of Central New York Family Members? Yes No

____ School Age Child Care					
Program Attending:	<input type="checkbox"/> East Hill	<input type="checkbox"/> KC Heffernan	<input type="checkbox"/> Onondaga Rd	<input type="checkbox"/> Roberts	<input type="checkbox"/> Syracuse Latin
AM Attendance:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
PM Attendance:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

____ Summer Camp		*Campers may be approved for 1-2 weeks of summer camp.
Program Attending:	<input type="checkbox"/> Camp Sunny Days	
Name(s) of child(ren) attending:	1) _____	2) _____
	3) _____	4) _____
Session dates:	1) _____	2) _____

Personal Information (Please Print):

Name _____

Home Phone _____

Address _____

Age _____ D.O.B. ____/____/____

City _____ State _____

Zip Code _____

Total Number of dependents: _____

List names & ages of all persons in the household. Your household includes dependents you claim on your federal tax return.

Spouse: _____ Age _____ D.O.B. ____/____/____

Children and other dependents:

1. _____
Age _____ D.O.B. _____

3. _____
Age _____ D.O.B. _____

2. _____
Age _____ D.O.B. _____

4. _____
Age _____ D.O.B. _____

Employment Information:

Employer _____

Work Phone _____

Address _____

City/State/Zip _____

Position _____ Supervisor's Name _____ Length of employment: _____ PT or FT

Spouse's Employer _____

Work Phone _____

Address _____

City/State/Zip _____

Position _____ Supervisor's Name _____ Length of employment: _____ PT or FT

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Income/Expenses Worksheet

Income:

- \$_____ 1) Your Gross Monthly Income
- \$_____ 2) Spouse's Gross Monthly Income
- \$_____ 3) Child Support
- \$_____ 4) Aid to Dependent Children
- \$_____ 5) Public Assistance (Budget sheet, ID card)
- \$_____ 6) Food Stamps
- \$_____ 7) Other (Please Explain)

\$_____ TOTAL MONTHLY INCOME

\$_____ TOTAL ANNUAL INCOME
(HOUSEHOLD)

Do you share expenses with anyone else in your household? _____ Total Number in household _____

How much can you afford to pay each week? \$_____

Reason applying for the YMCA Scholarship Program? _____

I verify that all the information submitted is correct, complete and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false, incomplete, or inaccurate information, or fail to notify the YMCA within 30 days, I may be terminated from the YMCA Scholarship Program.

Signature of Applicant _____

Date _____

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